



# FACTS

about  
Connecticut  
Women

Connecticut General Assembly

Permanent Commission on the Status of Women

18-20 Trinity Street ■ Hartford, CT 06106

Phone: 860.240.8300 ■ Fax: 860.240.8314

E-mail: [pcsw@cga.ct.gov](mailto:pcsw@cga.ct.gov)

Web address: [www.cga.ct.gov/PCSW](http://www.cga.ct.gov/PCSW)

## Strengthen HUSKY and SAGA: Vital Health Care for Women and Girls Six Important Steps

Medicaid provides access to vital health services at all stages of life, including acute and preventive care, pregnancy related services, pediatric, nursing home and long-term care. SAGA Medical provides health care for approximately 31,000 of Connecticut's poorest residents. Health care coverage through SAGA is critical to low-income women in Connecticut, as 40% of the recipients are women.<sup>1</sup>

- Medicaid covers approximately 90,000 parents and caretaker relatives of HUSKY A children. The vast majority of these are women.<sup>2</sup>
- Medicaid pays for 25% of births in Connecticut<sup>3</sup>

### 1) Simplify Proof of Income for HUSKY Applicants -- Self-Declaration of Income (included in Appropriations budget and HB 5595)

- Self-declaration of income and the subsequent electronic verification through the Department of Labor, Social Security, and other electronic records increases efficiency and productivity by minimizing duplicate paperwork.<sup>4</sup>
- Self-declaration and electronic verification of income were eliminated in July 2005 and resulted in the loss of HUSKY coverage for 10,000 people. According to DSS reports, one-third of medical assistance requests, which include HUSKY applications, are now overdue.

### 2) Restore Continuous Eligibility for Children in HUSKY for one year (included in Appropriations budget and HB 5595)

- When continuous eligibility for children was eliminated in 2003, over 7,000 children lost HUSKY coverage.
- Continuous eligibility minimizes the amount of cycling in and out of HUSKY enrollment by allowing children to maintain coverage in HUSKY for up to one year from enrollment or renewal despite temporary income fluctuations.

<sup>1</sup> CT Department of Social Services enrollment data.

<sup>2</sup> Ibid.

<sup>3</sup> Connecticut Voices for Children, "Births to Mothers in HUSKY A by Town, 2002. July 2005.

<sup>4</sup> T. Westmoreland, Director, Center for Medicaid and State Operations and M. Mangano, Acting Inspector General, Office of the Inspector General, Letter to State Medicaid Director, Health Care Financing Administration, January 19, 2001.

### 3) Repeal Co-pays and Premiums on Adults in HUSKY

- Research shows that making family coverage available to parents increases enrollment for all family members, including children.<sup>5</sup>
- DSS is now authorized to impose premiums and co-pays on HUSKY A adults with incomes between 100% and 150% of the federal poverty level (\$16,600 to \$24,900 per year for a family of three). Connecticut's recent experience with imposing higher cost sharing on HUSKY B children shows that cost sharing causes drops in enrollment, thereby keeping eligible working parents and caretaker relatives off the HUSKY program. Each time the state gets to the brink of imposing higher cost-sharing on low-income families, the legislature and Governor repeal the authorization to avoid terminating coverage for families.<sup>6</sup>

### 4) Restore funding for Non-Emergency Medical Transportation for SAGA participants *(included in Appropriations budget)*

- The SAGA medical program does not currently provide non-emergency medical transportation to allow covered individuals to get to and from medical appointments. Many SAGA beneficiaries are disabled and do not have transportation.
- Some are waiting for a final SSDI/SSI and Medicaid eligibility determination (which could take up to two years to complete) to obtain coverage that would provide transportation.
- Requiring people to go to Federally-Qualified Health Centers (FQHCs) often means people have to travel very long distances to see a doctor.
- Inappropriate ambulance transportation would be minimized by the provision of alternate forms of transportation.<sup>7</sup>

### 5) Keep Working Families on HUSKY for up to 24 months – Transitional Medical Assistance

- Those most deeply affected by the reduction in TMA are low-income working women who do not have employer-sponsored coverage. A recent study found that only eight percent of low income adults have the possibility of obtaining employer-sponsored insurance.<sup>8</sup>
- Nationally, over 30% of working women who left cash assistance remained uninsured after working for the same employer for 2 years or more.<sup>9</sup>
- Over half of women who leave welfare report at least one health problem. 22% of women said they had a health condition that limits the type or amount of work they can do.<sup>10</sup>

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<sup>5</sup> Lisa Dubay and Genevieve Kenney, "Expanding Public Health Insurance for Parents: effects on Children's Coverage under Medicaid, *Inquiry*, Vol. 38, October 2003, 1283-1302.

<sup>6</sup> In November 2005, the legislature repealed the new and increased premiums on HUSKY B children due to the inability of many HUSKY B families to pay the higher costs.

<sup>7</sup> Kost S. & Arruda, J. (1999). Appropriateness of ambulance transportation to a suburban pediatric emergency department. *Prehospital Emergency Care*. Jul-Sep;3 (3) :187-90.

<sup>8</sup> S. K. Long and J. A. Graves, *What Happens When Public Coverage Is No Longer Available?* The Urban Institute for the Kaiser Commission on Medicaid and the Uninsured. January 2006.

<sup>9</sup> B. Garrett and J. Hudman, "Women who left welfare: health care coverage, access and use of health services." Kaiser Commission on Medicaid and the Uninsured, June 2002.

<sup>10</sup> Ibid.

**6) Codify the federal Early and Periodic, Diagnostic, and Treatment Services Program (EPSDT) (*in HB 5595*)**

- EPSDT is the package of pediatric Medicaid benefits for children. By codifying the EPSDT benefits as they existed prior to a recent federal change, Connecticut can ensure that our healthcare dollars flow to children, not to cover new administrative costs.
- Children enrolled in HUSKY are disproportionately at risk for common chronic conditions, such as asthma and tooth decay. They are also more likely to have special health care needs, i.e., medical and behavioral health conditions that require ongoing, intensive services. Preventive care guidelines established through EPSDT, with the guidance of pediatricians, are specially designed to meet the needs of these children.
- EPSDT has ensured that participating children receive all reasonably necessary medical care for almost 40 years.